

Authorization for the Release of Confidential Information

Regarding:

Child: _____ Date of Birth: _____

As the parent or legal guardian, I _____ authorize
Name of Parent(s) or Legal Guardian

Name of Agency or Organization

Address: _____
Street Address City State Zip Code

Phone: _____

To exchange information with:

SUCCESS (Supporting Children's Competencies in Emotional and Social Skills)

For the purpose of:

I understand that by signing this form, I am the child's legal guardian or otherwise authorized to authorize the release of confidential information. I understand that I may revoke this consent at any future time and that it will automatically expire one year after it is signed.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Date

Witness

Date